## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

A010132

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (			OTHER THAN	
TOTAL CLAIMS			36				. [	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			36 minus 20=		• 16			X\$ 9=		OR	X\$18=	288
INDEPENDENT CLAIMS			3 mi	nus 3 =		0		X43=		OR	X86=	0
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	$\mathcal{O}$
* If the difference in column 1 is less than zer					o, enter "0" in column 2			TOTAL		OR	TOTAL	1058
CLAIMS AS AMENDED - PART II							~				OTHER	1
8-3-06 (Column 1) (Column						(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE <sub>.</sub>	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· <b>5</b> 8	Minus 20	#3k	2	= 22		X\$ 9=		OR	X\$1 <del>8</del> 2	1100
	Independent	. 6	Minus 3	<u>3</u>		<u>* 3</u>		X43=		OR	X862	600
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		ا	+145=		OR	+290=	
								TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	1700-
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total.	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	]	X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT, FEE	
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	44		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	ANA		=	lt	X43=	•		X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **Total OR ADDIT. FEE ADDIT. FEE												
		ther Previously Paid					er four	nd in the app	ropriate box	in cbi	umn 1.	